



CITY OF LONG BEACH
POLICE/FIREFIGHTER
DOWN PAYMENT ASSISTANCE PROGRAM
HOME BUYER APPLICATION

RETURN THIS FORM TO:

HOUSING SERVICES BUREAU
COMMUNITY DEVELOPMENT DEPARTMENT
POLICE/FIREFIGHTER DOWN PAYMENT
ASSISTANCE PROGRAM
110 PINE AVENUE, SUITE 1200
LONG BEACH, CA 90802

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURES.

A. APPLICANT AND EMPLOYMENT INFORMATION

1. APPLICANT NAME(S) (PERSONS WHOSE NAMES WILL APPEAR
ON THE TITLE TO THE HOME):

NUMBER _____ (LAST, FIRST NAME) _____ SOCIAL SECURITY

NUMBER _____ (LAST, FIRST NAME) _____ SOCIAL SECURITY

NUMBER _____ (LAST, FIRST NAME) _____ SOCIAL SECURITY

2. CURRENT HOME ADDRESS:

(STREET, APARTMENT NUMBER)

(CITY, STATE, ZIP CODE)

HOME TELEPHONE NO.: () _____

WORK TELEPHONE NO.: ()

PAGER NO.: ()

3. CURRENT PLACE OF EMPLOYMENT/ASSIGNMENT:

LBPD _____ LBFD _____

TITLE _____ LENGTH OF
SERVICE _____

BADGE _____

APPLICANT HAS COMPLETED PROBATION?
_____ YES _____ NO

S U P E R V I S O R ' S N A M E A N D
TITLE _____

EMPLOYER'S NAME AND ADDRESS

DEPARTMENT

()
AREA CODE/TELEPHONE NUMBER

CURRENT EMPLOYER OF SPOUSE/OTHER HOUSEHOLD
MEMBER:

(IF YOU NEED MORE SPACE TO PROVIDE THIS INFORMATION
FOR ALL EMPLOYED HOUSEHOLD MEMBERS, PLEASE ATTACH
SHEETS.)

(NAME OF COMPANY)

(STREET ADDRESS)

(CITY, ZIP CODE)

(_____)_____
AREA CODE / TELEPHONE NUMBER

B. HOUSEHOLD SIZE AND INCOME INFORMATION

1. PLEASE LIST ALL HOUSEHOLD MEMBERS ANTICIPATED TO LIVE IN THE NEW HOUSE:

<u>NAME</u>	<u>AGE</u>	<u>ANNUAL INCOME BEFORE WITHHOLDING TAX</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

2. OTHER ANNUAL HOUSEHOLD INCOME BEFORE WITHHOLDING TAX:
(I.E., INTEREST, DIVIDENDS, CHILD SUPPORT, ALIMONY)

SOURCE OF INCOME	AMOUNT
_____	\$ _____
_____	\$ _____

C. DOCUMENTATION TO BE SUBMITTED TO LENDER

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED TO YOUR SELECTED LENDER AT THE TIME YOU COMPLETE A FULL LOAN APPLICATION. THE LENDER WILL FORWARD THESE TO THE HOUSING SERVICES BUREAU ALONG WITH A COPY OF YOUR LOAN FILE. **THE AMOUNT OF DOWN PAYMENT ASSISTANCE ALLOWED WILL BE IN ACCORDANCE WITH YOUR FIRST MORTGAGE LENDER'S UNDERWRITING GUIDELINES.**

1. **COPIES OF YOUR FEDERAL AND STATE INCOME TAX RETURNS FOR EACH OF THE THREE MOST RECENT YEARS.**
2. **COPIES OF THE MOST RECENT MONTH S PAY CHECK STUBS FOR ALL ADULT HOUSEHOLD MEMBERS.**
3. **VERIFICATION FOR ALL OTHER REGULAR INCOME SOURCES SUCH AS DIVIDEND PAYMENTS OR CHILD SUPPORT PAYMENTS.**
4. **IF THERE IS MORE THAN A 10% DISCREPANCY BETWEEN THE AMOUNT YOU ARE REPORTING HERE AND THE AMOUNT SHOWN IN YOUR MOST RECENT TAX RETURN, PLEASE INCLUDE A BRIEF EXPLANATION OF THAT DISCREPANCY.**

D. APPLICANT(S) SIGNATURE(S) (EVERYONE WHO WILL APPEAR ON THE TITLE OF THE NEW HOUSE.)

I (WE) HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE)

UNDERSTAND THAT DELIBERATE WITHHOLDING OF PERTINENT INFORMATION WILL RESULT IN DISQUALIFICATION FROM THE POLICE/FIREFIGHTER DOWN PAYMENT ASSISTANCE PROGRAM OFFERED BY THE CITY OF LONG BEACH.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

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APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

OFFICE USE ONLY:	DATE:_____
	STAFF:_____
ELIGIBLE_____	INELIGIBLE_____